Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NRCC	
	C C00075820
Check if 24-hour report	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
BASSWOOD RESEARCH	09 27 2016
Mailing Address 4550 MONTGOMERY AVE	
STE 906	Amount
City State Zip Code	29975.00
BETHESDA MD 20814	Transaction ID : SE24-0.054626 Date of Disbursement or Obligation
Purpose of Expenditure SURVEY RESEARCH Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 24
SALUD CARBAJAL Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disbut 204160.20	rsement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC	09 27 2016
Mailing Address 815 SLATERS LANE	
	Amount
City State Zip Code	21890.20
ALEXANDRIA VA 22314	Transaction ID : SE24-0.054479 Date of Disbursement or Obligation
Purpose of Expenditure Category/	M = M / D = D / Y = Y = Y
Type	09 23 2016
Name of Federal Candidate Support Office	Sought: House District: 24
SALUD CARBAJAL Oppose	President Senate State: CA
	rrsement For: Primary X General
Per Election for Office Sought 204160.20 2016	Other (specify)
(a) CURTOTAL of Itamizad Indonordant Evranditures	21005.00
(a) SUBTOTAL of Itemized Independent Expenditures	51865.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(c) TOTAL independent expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Keith A. Davis	M / D D / Y Y Y Y
[Electronically Filed] Date 0	
S.g. (S. 4)	

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	F	C ID	DENTIFICATION	ON NUMBER ▼
IN	RCC	(C00075820	
Che	eck if 24-hour report 48-hour report New report Amends report filed on	M	/	D D /	Y Y Y Y Y
	Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC	ate of	Public	Distribution	/Dissemination
		M 09		27	2016
	Mailing Address 815 SLATERS LANE A	mount			
ŀ	City State Zip Code				25000.00
				ID: SE24-0.0	
	Purpose of Expenditure MEDIA Category/ Type	M 09	M /	23	2016
ŀ	Name of Federal Candidate Support Office So	ought:	,	X House	District: 24
	SALLID CARRA IAI	esident		Senate	State: CA
	Calendar Year-To-Date Per Election for Office Sought Disburse 204160.20	\neg		Primary	General
	NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC Mailing Address 815 SLATERS LANE	oate of	M /	c Distribution	/Dissemination
	City State Zip Code				99620.00
				D: SE24-0.0 5 ursement or (
	Purpose of Expenditure MEDIA Category/ Type	09	M /	23	2016
	Name of Federal Candidate Support Office Sc	ought:	7	X House	District: 24
	SALUD CARBAJAL Oppose Pr	esident		Senate	State: CA
	Calendar Year-To-Date Per Election for Office Sought Disburse 2016 2016	\neg		Primary	/ X General
((a) SUBTOTAL of Itemized Independent Expenditures		7	1 1 7	124620.00
((b) SUBTOTAL of Unitemized Independent Expenditures		7	-	1 4
((c) TOTAL Independent Expenditures		-7-		
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.				
	Keith A. Davis [Electronically Filed] Date 09	/ [28	/ Y Y 201	
	Signature				

PAGE

OF

Schedule E)	VI EXI END	HONLO		PAGE 3 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
NRCC			С	C00075820
Check if 24-hour report X 48-hour report	X New rep	oort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee SRCP MEDIA INC			M = M	olic Distribution/Dissemination
Mailing Address 201 N UNION ST			09 Amount	27 2016
STE 200				
City ALEXANDRIA	State VA	Zip Code 22314		27675.00 n ID: SE24-0.054644 bursement or Obligation
Purpose of Expenditure MEDIA		Category/ Type	09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	₩ House District: 24
SALUD CARBAJAL		X Oppose	President	Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7 7	204160.20	Disbursement For: 2016 Other (Primary x General
Mailing Address 815 SLATERS LANE		-7102M2111 220	Amount	27 2016
City	State	Zip Code		401657.20
ALEXANDRIA	VA	22314	Transaction Date of Dis	ID: SE24-0.054494 sbursement or Obligation
Purpose of Expenditure MEDIA		Category/ Type	M 09	23 2016
Name of Federal Candidate		Support	Office Sought:	✗ House District:06
MORGAN CARROLL		X Oppose	President	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	7 7	995759.10	Disbursement For 2016 Other	: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. •	429332.20
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		-	7
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Keith A. Davis	[Electron	nically Filed] Date	e 09 / 28	
Signature				

Schedule E)	LINDENT EXTEND	TOTILO		PAGE 4 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
NRCC			С	C00075820
Check if 24-hour report x 48-hour r	eport New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee NATIONAL MEDIA RESEARC	CH PLANNING & PL	ACEMENT LLC	Date of Public	c Distribution/Dissemination
Mailing Address 815 SLATERS LANE			Amount	2010
City	State	Zip Code		171874.80
ALEXANDRIA	VA	22314		ID : SE24-0.054482 ursement or Obligation
Purpose of Expenditure MEDIA		Category/ Type	M M M	23 2016
Name of Federal Candidate		x Support	Office Sought:	X House District: 18
BRIAN MAST		Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		1233748.40	Disbursement For: 2016 Other (sp	Primary ✗ General pecify) ▶
Full Name of Payee NATIONAL MEDIA RESEARC	CH PLANNING & PL	ACEMENT LLC	Date of Publi	c Distribution/Dissemination
Mailing Address 815 SLATERS LANE			Amount	
City	State	Zip Code		171874.80
ALEXANDRIA	VA	22314		D: SE24-0.054483 ursement or Obligation
Purpose of Expenditure MEDIA		Category/ Type	09	23 / 2016
Name of Federal Candidate		Support	Office Sought:	X House District: 18
RANDY PERKINS		X Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		1233748.40	Disbursement For: 2016 Other (sp	Primary ★ General
(a) SUBTOTAL of Itemized Independent E	expenditures		•	343749.60
(b) SUBTOTAL of Unitemized Independen	t Expenditures			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commit	ny candidate or authorized			
Keith A. Davis Signature	[Electron	ically Filed] Date	09 / 28	2016
-				

Schedule E)	VI EXI EIVE	TI OILO		PAGE 5 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NRCC				C C00075820
Check if 24-hour report 🗶 48-hour report	X New re	port Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
PRIME MÉDIA PARTNERS				09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4201 WILSON BLVD., #110-126			Amou	unt
City	State	Zip Code	—Г	11250.00
ARLINGTON	VA	22203		saction ID : SE24-0.054621 of Disbursement or Obligation
Purpose of Expenditure MEDIA		Category/ Type		09 / 27 / 2016
Name of Federal Candidate		x Support	Office Soug	ht: X House District: 18
BRIAN MAST		Oppose	Presid	dent Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	, , , ,	1233748.40	Disbursement 2016	nt For:
Full Name of Payee	_		Date	of Public Distribution/Dissemination
PRIME MEDIA PARTNERS				09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4201 WILSON BLVD., #110-12	6		Amo	unt
City	State	Zip Code	ΠГ.	11250.00
ARLINGTON	VA	22203		action ID : SE24-0.054622 of Disbursement or Obligation
Purpose of Expenditure MEDIA		Category/ Type] [M 09 / 27 / Y 2016
Name of Federal Candidate		Support	Office Soug	ht: X House District: 18
RANDY PERKINS		X Oppose	Presid	dent Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7	1233748.40	Disburseme 2016	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			22500.00
(b) SUBTOTAL of Unitemized Independent Expendent	litures		. . .	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize			
Keith A. Davis Signature	[Electro	nically Filed] Date	9 09	28 / 2016

Schedule	E)	ENDENT EXTEND	TOTILO		PAGE 6 OF 29 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NRCC					C C00075820
Check if	24-hour report 🗶 48-hour	report New report	ort Amends rep		M / D D / Y B Y B Y B Y
Full Nar	ne of Payee ME MEDIA PARTNERS				of Public Distribution/Dissemination
Mailing	Address 4201 WILSON BLVD., #	110-126		Amou	09 27 2016 nt
City		State	Zip Code		2500.00
ARLING		VA	22203		action ID : SE24-0.054623 of Disbursement or Obligation
Purpose MEDIA	e of Expenditure		Category/ Type	M	09 / 27 / 2016
Name o	of Federal Candidate		✗ Support	Office Sough	t: X House District:18
BRIAN	MAST		Oppose	Preside	ent Senate State: FL
	lendar Year-To-Date r Election for Office Sought		1233748.40	Disbursement 2016 Or	t For: Primary X General ther (specify) ▶
PRIM	me of Payee ME MEDIA PARTNERS Address 4201 WILSON BLVD.	, #110-126			of Public Distribution/Dissemination 09
City		State	Zip Code		2500.00
ARLIN	GTON	VA	22203	Transa Date	ction ID : SE24-0.054624 of Disbursement or Obligation
Purpose MEDIA	e of Expenditure		Category/ Type	M	09 / 27 / 2016
Name o	of Federal Candidate		Support	Office Sough	t: X House District: 18
RANDY	/ PERKINS		x Oppose	Preside	
	alendar Year-To-Date or Election for Office Sought		1233748.40	Disbursemen 2016 O	t For: Primary ★ General ther (specify) ▶
(a) SUB	TOTAL of Itemized Independent	Expenditures		>	5000.00
(b) SUB	TOTAL of Unitemized Independent	nt Expenditures		•	7 1 7 1 7 1
(c) TOTA	AL Independent Expenditures			>	7 1 7 1 7
with, or a		ny candidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Olama -	Keith A. Davis	[Electron	ically Filed] Dat	te 09	28 2016
Signa	ıuıe				

Schedule E)	PAGE 7 OF FOR SE OF FORM 24/	29 48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBE	
NRCC	C C00075820	
Check if 24-hour report 48-hour report New	report Amends report filed on Amends report	Y
Full Name of Payee HISPANIC NEXO, LLC	Date of Public Distribution/Disseminat	
Mailing Address 5000-18 HIGHWAY 17, #268	09 27 2016 Amount	
City State FL FMING ISLAND FL	Zip Code 4700.0 32003 Transaction ID : SE24-0.054633	0
FLEMING ISLAND FL Purpose of Expenditure MEDIA	Category/ Date of Disbursement or Obligation	Y
Name of Federal Candidate	Type 09 27 2016	26
JOE GARCIA	Gupport Gillos Gougini. W Modes Blothot.	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary x Ge 2016 Other (specify) ▶	neral
Full Name of Payee HISPANIC NEXO, LLC	Date of Public Distribution/Disseminat	
Mailing Address 5000-18 HIGHWAY 17, #268	Amount	_
City State FLEMING ISLAND FL	Zip Code 5000.0 32003 Transaction ID : SE24-0.054634	0
Purpose of Expenditure MEDIA	Category/ Type Date of Disbursement or Obligation 09 27 2016	Y
Name of Federal Candidate	Support Office Sought: X House District:	26
JOE GARCIA Calendar Year-To-Date	Disbursement For: Primary X Ge	neral
Per Election for Office Sought	259648.52 2016 Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	9700.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	>	
(c) TOTAL Independent Expenditures	>	
	res reported herein were not made in cooperation, consultation, or cor zed committee or agent of either, or (if the reporting entity is not a poli	
Keith A. Davis [Elect	ronically Filed] Date 09 28 2016	

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NRCC	C C00075820
Check if 24-hour report	ed on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
MOORE INFORMATION	09 27 2016
Mailing Address 2130 SW JEFFERSON ST	
STE 200	Amount
City State Zip Code	32000.00
PORTLAND OR 97201	Transaction ID: SE24-0.054641 Date of Disbursement or Obligation
Purpose of Expenditure SURVEY RESEARCH Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	ice Sought: House District: 26
JOE GARCIA Oppose	President Senate State: FL
Odiolidai icai lo Dato	bursement For: Primary X General
Per Election for Office Sought 259648.52	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC	09 27 2016
Mailing Address 815 SLATERS LANE	Amount
City State Zip Code	81260.52
ALEXANDRIA VA 22314	Transaction ID : SE24-0.054495 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA Category/	M M / D D / Y Y Y Y
Type	09 23 2016
Name of Federal Candidate Support Off	ice Sought: 🗶 House District: 26
JOE GARCIA Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Dis 259648.52	Sbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	113260.52
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 1 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Keith A. Davis [Electronically Filed] Date	09 28 2016
Signature	

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Schedule E)	FENDENT EXPENDI	TONES		PAGE 9 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
NRCC			C	C00075820
Check if 24-hour report X 48-hour	report New report	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee SRCP MEDIA INC			Date of Publi	c Distribution/Dissemination
Mailing Address 201 N UNION ST			09 Amount	27 2016
STE 200			Amount	
City	State	Zip Code		28147.00
ALEXANDRIA	VA	22314		ID: SE24-0.054643 ursement or Obligation
Purpose of Expenditure MEDIA		Category/ Type	09	27 / 2016
Name of Federal Candidate		Support	Office Sought:	X House District: 26
JOE GARCIA		X Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7	259648.52	Disbursement For: 2016 Other (sp	Primary ✗ General pecify) ▶
Full Name of Payee			Date of Publi	c Distribution/Dissemination
SRCP MEDIA INC			09	27 2016
Mailing Address 201 N UNION ST			Amount	
STE 200				
City ALEXANDRIA	State VA	Zip Code 22314		4875.00 D : SE24-0.054646
Purpose of Expenditure MEDIA		Category/ Type	Date of Disb	ursement or Obligation 27 2016
Name of Federal Candidate		Support	Office Sought:	¥ House District: <u>26</u>
JOE GARCIA		X Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		259648.52	Disbursement For: 2016 Other (sp	Primary ✗ General pecify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		. •	33022.00
(b) SUBTOTAL of Unitemized Independ	ent Expenditures		. >	4
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee.	any candidate or authorized			
Keith A. Davis	[Electron	ically Filed] Date	09 / 28	2016
Signature				

Schedule E)	ADEITI EXI END	ITORES		PAGE 10 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
NRCC			C	C00075820
Check if 24-hour report X 48-hour rep	ort New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee TARGETED VICTORY			M = M /	Distribution/Dissemination
Mailing Address 1033 N FAIRFAX ST			Mount 09	27 2016
STE 400				
City ALEXANDRIA	State VA	Zip Code 22314	Transaction II	98666.00 D : SE24-0.054505
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbur	rsement or Obligation 23 2016
15 1 10 111		,,,,		
Name of Federal Candidate JOE GARCIA		Support Oppose	Office Sought:	House District: 26 Senate State: FL
Calendar Year-To-Date		т орроос	Disbursement For:	Primary General
Per Election for Office Sought	, , , ,	259648.52	2016 Other (spe	ecify) ►
Full Name of Payee NATIONAL MEDIA RESEARCH	I PLANNING & PI	ACEMENT LLC	Date of Public	Distribution/Dissemination
Mailing Address 815 SLATERS LANE			Amount	2010
City	State	Zip Code		156405.20
ALEXANDRIA	VA	22314		: SE24-0.054497 rsement or Obligation
Purpose of Expenditure MEDIA		Category/ Type	09	23 / 2016
Name of Federal Candidate		Support	Office Sought:	House District: 01
MONICA VERNON		X Oppose	President	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		467987.60	Disbursement For: 2016 Other (spe	Primary ✗ General ecify) ▶
(a) SUBTOTAL of Itemized Independent Exp	penditures			255071.20
(b) SUBTOTAL of Unitemized Independent E	Expenditures		. •	
			4	4
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the in- with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Keith A. Davis	[Electron	nically Filed] Date	09 / 28	2016
Signature				

	include Ly			FOR SE OF	FORM 24/48	
	ME OF COMMITTEE (In Full)	ī	EC ID	ENTIFICATI	ON NUMBER ▼	
IN	IRCC		C	C00075820		
Ch	eck if 24-hour report 48-hour report New report Amends report filed	d on	M /	D D /	Y Y Y Y Y	
7	Full Name of Payee	Date of	Public	Distribution	/Dissemination	
	REDPRINT STRATEGY LLC)9 /	27	2016	
	Mailing Address PO BOX 710993	Amount				
	City State Zip Code				22500.00	
	HERNDON VA 20171			D: SE24-0.0		
	Purpose of Expenditure MEDIA Category/ Type	M)9 /	27	2016	
	Name of Federal Candidate Support Office	e Sought:	x	K House	District: 01	_
	MONICA VERNON	Presider	_	Senate	State: IA	-
	Calendar Year-To-Date Per Election for Office Sought Disbut 467987.60 2016			Primary	√ X General	
				ecify)		-
	Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC	M	F Public	Distribution	n/Dissemination 2016	1
	Mailing Address 815 SLATERS LANE	Amoun		لتا		
	City State Zip Code	1	. ~		148808.24	
	ALEXANDRIA VA 22314			D: SE24-0.05 ursement or		
	Purpose of Expenditure MEDIA Category/ Type	M)9 /	23	2016	
	Name of Federal Candidate Support Office	e Sought:		X House	District: 03	_
	III. MOMBER	Presider		Senate	State: IA	_
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016			Primary	y X General	
	(a) SUBTOTAL of Itemized Independent Expenditures				171308.24	
	(b) SUBTOTAL of Unitemized Independent Expenditures		-7	1 7		
	(c) TOTAL Independent Expenditures					
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.					
		D9 /	28	20°	16	
	Signature	<u> </u>				
				·		-

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Schedule E)	WI EXI EILE	1101120		PAGE 12 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NRCC				C C00075820
				0 3333,3023
Check if 24-hour report 48-hour report	X New rep	port Amends repo		M / D D / Y D Y D
Full Name of Payee			Date o	f Public Distribution/Dissemination
TARGETED VICTORY				09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1033 N FAIRFAX ST			Amour	··
STE 400			Autodi	
City	State	Zip Code		24000.00
ALEXANDRIA	VA	22314		action ID : SE24-0.054506 If Disbursement or Obligation
Purpose of Expenditure MEDIA		Category/ Type		09 23 / 2016
Name of Federal Candidate		Support	Office Sought	:: X House District:03
JIM MOWRER		X Oppose	Preside	
Calendar Year-To-Date			Disbursement	For: Primary X General
Per Election for Office Sought		396328.25	2016 Ot	her (specify) •
Full Name of Payee			Date of	of Public Distribution/Dissemination
MCCARTHY HENNINGS WHALEN,	INC.			09 27 2016
Mailing Address 1850 M ST NW				
STE 235			Amour	nt
City	State	Zip Code		24997.26
WASHINGTON	DC	20036-5837	Transa Date o	ction ID : SE24-0.054627 of Disbursement or Obligation
Purpose of Expenditure MEDIA		Category/	М	09 27 2016
MEDIX		Type		09 21 2010
Name of Federal Candidate		Support	Office Sough	t: Nouse District: 10
BRADLEY S SCHNEIDER		x Oppose	Preside	ent Senate State: IL
Calendar Year-To-Date		220222 06	Disbursement	t For: Primary 🗶 General
Per Election for Office Sought		230982.86		ther (specify) -
(a) SUBTOTAL of Itemized Independent Expenditu	ires		·· >	48997.26
(It) CURTOTAL of Uniterprised Independent Evenen	-114		_	
(b) SUBTOTAL of Unitemized Independent Expendent	illures		·· •	7 7 7
(c) TOTAL Independent Expenditures				
				7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Keith A. Davis	[Electroi	nically Filed] Date	9 09	28 2016
Signature				

Schedule E)		FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
NRCC		C C00075820		
Check if 24-hour report x 48-hour report x New report	Amends report filed on	= M / D = D / Y = Y = Y = Y		
Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACE	MENTIIC	of Public Distribution/Dissemination		
Mailing Address 815 SLATERS LANE	Amou	nt		
City State Zip Co	ode	90833.00		
ALEXANDRIA VA 22314		action ID : SE24-0.054493 of Disbursement or Obligation		
Purpose of Expenditure MEDIA Cate	gory/ Type	09 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate BRADLEY S SCHNEIDER	Support Office Sough			
SIVISEE I G GOTTILE SEIX	X Oppose Preside	ent Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought 23098	Disbursemen 2016 O	ther (specify) ▶		
Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEI	MENTILC	of Public Distribution/Dissemination		
Mailing Address 815 SLATERS LANE	Amou	09 27 2016 ant		
City State Zip Co	ode	81152.60		
ALEXANDRIA VA 22314	1 Transa	action ID : SE24-0.054496 of Disbursement or Obligation		
Purpose of Expenditure MEDIA Category	gory/ Type	09 23 7 2016		
Name of Federal Candidate	Support Office Sough	nt: 🗶 House District:10		
BRADLEY S SCHNEIDER	X Oppose Preside	ent Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought 2309	Disbursemen 2016	nt For:		
(a) SUBTOTAL of Itemized Independent Expenditures	·	171985.60		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	· .	7 1 7 1 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Keith A. Davis [Electronically Fig. 2]	iled] Date 09	28 2016		
Signature				

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FE	C IDENTIFICATION NUMBER ▼
IN _	RCC	C	C00075820
Che	eck if 24-hour report 48-hour report New report Amends report filed of	on	/ D D / Y Y Y Y Y
	Full Name of Payee	Date of P	ublic Distribution/Dissemination
	THE TARRANCE GROUP	M = N	27 2016
	Mailing Address 201 N UNION ST	Amount	
	STE 410	Amount	
	City State Zip Code	<u></u> _	29000.00
			on ID : SE24-0.054628 hisbursement or Obligation
	Purpose of Expenditure SURVEY RESEARCH Category/ Type	09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Î		Sought:	✗ House District:10
	BRADLEY S SCHNEIDER	President	Senate State:IL
	Calendar Year-To-Date Per Election for Office Sought Disbur 230982.86 Disbur 2016	sement Fo	or: Primary X General
ŀ	Full Name of Payee		Public Distribution/Dissemination
	IMGE	M = N	7 27 2016
	Mailing Address 108 SOUTH WASHINGTON ST. 3RD FLOOR	Amount	2. 2.0
	City State Zip Code	Г	40000.00
	ALEXANDRIA VA 22314		on ID : SE24-0.054504 Disbursement or Obligation
	Purpose of Expenditure MEDIA Category/ Type	M 09	
	Name of Federal Candidate Support Office	Sought:	★ House District:02
	EMILY CAIN Oppose	President	Senate State: ME
	Calendar Year-To-Date Per Election for Office Sought Disbur 2016	sement Fo	or: Primary X General
	(a) SUBTOTAL of Itemized Independent Expenditures		69000.00
((b) SUBTOTAL of Unitemized Independent Expenditures		7
	(c) TOTAL Independent Expenditures		7 1 7 1 7
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.		
	Keith A. Davis [Electronically Filed] Date 09	M / D	28 2016
	Signature		

PAGE

OF

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
NRCC	C C00075820			
Check if 24-hour report 48-hour report New report Amends rep	port filed on			
Full Name of Payee MOORE INFORMATION	Date of Public Distribution/Dissemination			
WOOKE IN OKWATION	09 27 2016			
Mailing Address 2130 SW JEFFERSON ST	Amount			
STE 200	Amount			
City State Zip Code	19200.00			
PORTLAND OR 97201	Transaction ID : SE24-0.054642 Date of Disbursement or Obligation			
Purpose of Expenditure SURVEY RESEARCH Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support	Office Sought:			
EMILY CAIN Oppose	President Senate State: ME			
Calendar Year-To-Date	Disbursement For: Primary X General			
Per Election for Office Sought 948715.12	2016 Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC	09 27 2016			
Mailing Address 815 SLATERS LANE				
	Amount			
City State Zip Code	369858.32			
ALEXANDRIA VA 22314	Transaction ID: SE24-0.054502 Date of Disbursement or Obligation			
Purpose of Expenditure MEDIA Category/	M = M / D = D / Y = Y = Y			
Type	09 23 2016			
Name of Federal Candidate Support	Office Sought:			
EMILY CAIN Oppose	President Senate State: ME			
Calendar Year-To-Date	Disbursement For: Primary X General			
Per Election for Office Sought 948715.12	2016 Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 389058.32			
	7 7			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	···· >			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Keith A. Davis [Electronically Filed] Date	te 09 28 2016			
Signature				

Schedule E)	LINDLINI LAI LIND	ITOTILO		PAGE 16 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
NRCC			С	C00075820
Check if 24-hour report X 48-hour	report New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	C Distribution/Dissemination
SRCP MEDIA INC			09	27 2016
Mailing Address 201 N UNION ST			Amount	
STE 200				
City ALEXANDRIA	State VA	Zip Code 22314	Transaction I	4849.00 ID : SE24-0.054645
		1	Date of Disbu	irsement or Obligation
Purpose of Expenditure MEDIA		Category/ Type	09	27 2016
Name of Federal Candidate		Support	Office Sought:	X House District: 02
EMILY CAIN		X Oppose	President	Senate State: ME
Calendar Year-To-Date Per Election for Office Sought		948715.12	Disbursement For: 2016 Other (sp	Primary ✗ General pecify) ▶
Full Name of Payee			Date of Public	c Distribution/Dissemination
NATIONAL MEDIA RESEAR	CH PLANNING & PL	ACEMENT LLC	M M M	27 2016
Mailing Address 815 SLATERS LANE			Amount	
City	State	Zip Code		153111.00
ALEXANDRIA	VA	22314		D: SE24-0.054484 ursement or Obligation
Purpose of Expenditure MEDIA		Category/ Type	M 09	23 2016
Name of Federal Candidate		Support	Office Sought:	★ House District:01
LON JOHNSON		X Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		593375.40	Disbursement For: 2016 Other (sp	Primary X General Decify) ▶
-				
(a) SUBTOTAL of Itemized Independent	Expenditures		• •	157960.00
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		. •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Keith A. Davis	[Electron	ically Filed] Date	09 / 28	2016
Signature				

	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
NRCC	C C00075820	
Check if 24-hour report 48-hour report New report Am	mends report filed on////	
Full Name of Payee	Date of Public Distribution/Dissemination	
ONMESSAGE INC	09 27 2016	1
Mailing Address 705 MELVIN DR		1
STE 105	Amount	_
City State Zip Code	22066.00	ı
ANNAPOLIS MD 21401	Transaction ID: SE24-0.054638 Date of Disbursement or Obligation	
Purpose of Expenditure Category/	M M M / D D / Y Y Y Y Y	i
MEDIA Type		J
Name of Federal Candidate	Support Office Sought: X House District: 01	_
LON JOHNSON	Oppose President Senate State: MI	_
Calendar Year-To-Date	Disbursement For: Primary X General	
Per Election for Office Sought 593375.40		
Full Name of Payee	Date of Public Distribution/Dissemination	_
NATIONAL MEDIA RESEARCH PLANNING & PLACEMEN	NT LLC	٦
Mailing Address 815 SLATERS LANE	09 27 2016	J
O O SEATENS LANE	Amount	
City State Zip Code	318044.00	1
ALEXANDRIA VA 22314	Transaction ID : SE24-0.054485	1
Purpose of Expenditure Category/	Date of Disbursement or Obligation	÷
MEDIA Type		
Name of Federal Candidate	Support Office Sought: M House District: 08	_
RICHARD M NOLAN	Oppose President Senate State: MN	
Calendar Year-To-Date	Disbursement For: Primary X General	
Per Election for Office Sought 1416734.00		
(a) CURTOTAL of Harrison Independent Europeditures		1
(a) SUBTOTAL of Itemized Independent Expenditures	340110.00	J.
(b) SUBTOTAL of Unitemized Independent Expenditures]
(a) TOTAL Index and art Fun and its was		1
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Keith A. Davis	M = M / D = D / Y = Y = Y	
[Electronically Filed] Signature	Date 09 28 2016	
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Schedule E)	ADENT EXPEND	ATONES	PAGE 18 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
NRCC			C C00075820
Check if 24-hour report X 48-hour report	ort New re	port Amends repo	rt filed on
Full Name of Payee NATIONAL MEDIA RESEARCH	PLANNING & P	LACEMENT LLC	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 SLATERS LANE			Amount
City	State	Zip Code	211391.24
ALEXANDRIA	VA	22314	Transaction ID : SE24-0.054486 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA		Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: M House District: 02
BRAD ASHFORD		X Oppose	President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		1121727.54	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
ONMESSAGE INC			09 27 / 2016
Mailing Address 705 MELVIN DR			Amount
STE 105			
City ANNAPOLIS	State MD	Zip Code 21401	21595.00 Transaction ID : SE24-0.054639 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA		Category/ Type	09 / 27 / 2016
Name of Federal Candidate		Support	Office Sought: House District: 02
BRAD ASHFORD		x Oppose	President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		1121727.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Exp	enditures		232986.24
(b) SUBTOTAL of Unitemized Independent E	Expenditures		•
(c) TOTAL Independent Expenditures			>
	candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Keith A. Davis Signature	[Electro	nically Filed] Date	09 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	LIVI EXI EIVE	TIONEO		PAGE 19 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
NRCC			С	C00075820
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee NATIONAL MEDIA RESEARCH PL	_ANNING & P	LACEMENT LLC	Date of Pu	blic Distribution/Dissemination
Mailing Address 815 SLATERS LANE			Amount	2010
City ALEXANDRIA	State VA	Zip Code 22314		478116.00 on ID : SE24-0.054487
Purpose of Expenditure MEDIA		Category/ Type	Date of Dis	sbursement or Obligation / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate JACKY ROSEN		Support	Office Sought:	House District: 03
Calendar Year-To-Date		✗ Oppose	President Disbursement For	Senate State: NV : Primary General
Per Election for Office Sought		1055986.84	2016 Other	(specify) ▶
Full Name of Payee NATIONAL MEDIA RESEARCH PI Mailing Address 815 SLATERS LANE	_ANNING & P	LACEMENT LLC		ublic Distribution/Dissemination / P P P P P P P P P P P P P P P P P P
City	State	Zip Code		217057.12
ALEXANDRIA	VA	22314	Transaction Date of Di	n ID : SE24-0.054499 sbursement or Obligation
Purpose of Expenditure MEDIA		Category/ Type	09	23 2016
Name of Federal Candidate CRESENT HARDY		Support Oppose	Office Sought:	House District: 04 Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		1811612.36	Disbursement For 2016	
(a) SUBTOTAL of Itemized Independent Expend	litures			695173.12
(b) SUBTOTAL of Unitemized Independent Expe	enditures		·· •	<i>\$</i>
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Keith A. Davis Signature	[Electron	nically Filed] Date	e 09 / 28	
V				

Schedule E)	VOLIVI EXI END	HONEO		PAGE 20 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
NRCC				C00075820
Check if 24-hour report X 48-hour rep	ort New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee NATIONAL MEDIA RESEARCH	I PLANNING & PL	_ACEMENT LLC	Date of I	
Mailing Address 815 SLATERS LANE			Amount	
City	State	Zip Code		217057.12
ALEXANDRIA	VA	22314		tion ID : SE24-0.054500 Disbursement or Obligation
Purpose of Expenditure MEDIA		Category/ Type	M OS	
Name of Federal Candidate		Support	Office Sought:	₩ House District:04
RUBEN KIHUEN		X Oppose	President	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		1811612.36	Disbursement F 2016 Othe	or: Primary X General or (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
THE TARRANCE GROUP			09 09	
Mailing Address 201 N UNION ST			Amount	
STE 410	Chaha	7:n Onda		40040.50
City ALEXANDRIA	State VA	Zip Code 22314		10048.50 ion ID : SE24-0.054629 Disbursement or Obligation
Purpose of Expenditure SURVEY RESEARCH		Category/ Type		M / D D / Y Y Y Y
Name of Federal Candidate		x Support	Office Sought:	₩ House District: 04
CRESENT HARDY		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		1811612.36	Disbursement F 2016 Othe	For: Primary Seneral Primary Primary For:
(a) SUBTOTAL of Itemized Independent Exp	oenditures			227105.62
(b) SUBTOTAL of Unitemized Independent E	Expenditures			
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the inwith, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Keith A. Davis	[Electron	nically Filed] Date		28 2016
Signature				

Schedule E)	PAGE 21 OF 29 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
NRCC	C C00075820			
Check if 24-hour report 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
THE TARRANCE GROUP	09 / 27 / 2016			
	Amount			
STE 410				
	10048.50 Transaction ID : SE24-0.054630			
Purpose of Expenditure SURVEY RESEARCH Category/ Type	Date of Disbursement or Obligation 09 27 2016			
Name of Fadaval Condidate				
RUBEN KIHUEN	Sought: House District: 04 President Senate State: NV			
Calendar Year-To-Date Disburs	sement For: Primary			
Per Election for Office Sought 1811612.36 2016	Other (specify) -			
Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC	Date of Public Distribution/Dissemination			
Mailing Address 815 SLATERS LANE	09 27 2016 Amount			
	7 1110 2111			
City State Zip Code	152194.80			
7.=27.11.12.11.1	Transaction ID : SE24-0.054488 Date of Disbursement or Obligation			
Purpose of Expenditure MEDIA Category/ Type	09 / 23 / 2016			
Name of Federal Candidate Support Office	Sought: House District: 19			
ZEPHYR TEACHOUT Oppose	President Senate State: NY			
Calendar Year-To-Date Per Election for Office Sought Disbur 2016	sement For: Primary			
(a) SUBTOTAL of Itemized Independent Expenditures	162243.30			
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Keith A. Davis [Electronically Filed] Date 09				
Signature				

Schedule E)	PAGE 22 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NRCC	C C00075820
	M - M / D - D / Y - Y - Y - Y
Check if 24-hour report 48-hour report New report Amer	nds report filed on
Full Name of Payee HONOLD COMMUNICATIONS	Date of Public Distribution/Dissemination
Mailing Address 252 9TH STREET NE	09 27 2016
ZOZ SIN SINCLI NC	Amount
City State Zip Code	9989.16
WASHINGTON DC 20002	Transaction ID : SE24-0.054619 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	upport Office Sought: X House District: 22
KIM MAYERS	ppose President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 541599.32	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
HONOLD COMMUNICATIONS	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 252 9TH STREET NE	Amount
<u></u>	Amount
City State Zip Code	9989.15
WASHINGTON DC 20002	Transaction ID : SE24-0.054620 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA Category/ Type	09 / 27 / 2016
Name of Federal Candidate St	upport Office Sought: 🗶 House District: 22
MARTIN BABINEC	ppose President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 541599.32	Disbursement For: Primary ✓ General Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures	19978.31
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Keith A. Davis [Electronically Filed]	Date 09 28 2016
Signature	

Sch	nedule E)		10.120		PAGE 23 OF 29 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NK	RCC				C C00075820
Chec	ck if 24-hour report X 48-hour re	eport X New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
TE	Full Name of Payee			Date	1.D. I. II. Distribution/Discomination
	NATIONAL MEDIA RESEARC	H PLANNING & PL	ACEMENT LLC		of Public Distribution/Dissemination 09 27 2016
٨	Mailing Address 815 SLATERS LANE			Amou	ınt
	City	State	Zip Code		88245.62
	ALEXANDRIA	VA	22314		saction ID : SE24-0.054489 of Disbursement or Obligation
	Purpose of Expenditure MEDIA		Category/ Type		09 23 2016
I	Name of Federal Candidate	,	Support	Office Sough	nt: K House District: 22
	KIM MYERS		X Oppose	Preside	lent Senate State: NY
	Calendar Year-To-Date Per Election for Office Sought	7	541599.32	Disbursemen 2016 O	nt For: Primary X General Other (specify) ▶
	Full Name of Payee NATIONAL MEDIA RESEARC Mailing Address 815 SLATERS LANE	H PLANNING & PL	ACEMENT LLC		of Public Distribution/Dissemination M 09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	$ \Gamma$	88245.62
	ALEXANDRIA	VA	22314	Transa Date	action ID : SE24-0.054490 of Disbursement or Obligation
_	Purpose of Expenditure MEDIA		Category/ Type		09 / 23 / 2016
1	Name of Federal Candidate		Support	Office Sough	ht: 🗶 House District: 22
	MARTIN BABINEC		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7 7	541599.32	Disbursemen 2016 O	nt For: Primary General Other (specify)
(a	a) SUBTOTAL of Itemized Independent E	xpenditures		•	176491.24
(b	o) SUBTOTAL of Unitemized Independent	t Expenditures		·· •	
(c	e) TOTAL Independent Expenditures			· ·	
wit	nder penalty of perjury I certify that the inth, or at the request or suggestion of, and arty committee) any political party commit	ny candidate or authorized			
	Keith A. Davis	[Electron	ically Filed] Date	e 09	28 2016
	Signature				

Schedule E)	EXI END	TOTILO		PAGE 24 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NRCC				C C00075820
Check if 24-hour report 🗶 48-hour report	X New repo	ort Amends repo		A = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
BASSWOOD RESEARCH			, and the second	09 27 2016
Mailing Address 4550 MONTGOMERY AVE			Amou	unt
STE 906				
1 ′	State	Zip Code		19000.00
BETHESDA	MD	20814		saction ID: SE24-0.054625 of Disbursement or Obligation
Purpose of Expenditure SURVEY RESEARCH		Category/ Type		09 27 2016
Name of Federal Candidate		Support	Office Sough	nt: X House District: 24
COLLEEN DEACON		X Oppose	Presid	NIV.
Calendar Year-To-Date Per Election for Office Sought		272402.40	Disbursemer 2016	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
FP1 STRATEGIES LLC			[09 27 2016
Mailing Address PO BOX 16504			Amou	unt
City	State	Zip Code		26975.00
ALEXANDRIA	VA	22302		action ID : SE24-0.054631 of Disbursement or Obligation
Purpose of Expenditure MEDIA		Category/ Type		09 / 27 / 2016
Name of Federal Candidate		Support	Office Sough	ht: X House District: 24
COLLEEN DEACON		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, , ,	272402.40	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures				45975.00
(,)				7-0010.00
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		•	
(c) TOTAL Independent Expenditures			•	7 1 7 1 2
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Keith A. Davis	[Electron	ically Filed] Date	09	28 2016
Signature				

		FOR SE OF FORM 24/48			
AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
NRCC		C C00075820			
check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & F		Date of Public Distribution/Dissemination			
	PLACEMENT LLC	09 27 2016			
Mailing Address 815 SLATERS LANE		Amount			
City State	Zip Code	158452.40			
ALEXANDRIA VA	22314	Transaction ID : SE24-0.054503 Date of Disbursement or Obligation			
Purpose of Expenditure MEDIA	Category/ Type	09 / 23 / Y 2016			
Name of Federal Candidate	Support O	ffice Sought: House District: 24			
COLLEEN DEACON	X Oppose	President Senate State: NY			
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary General Other (specify) Other			
Full Name of Payee		Date of Public Distribution/Dissemination			
TARGETED VICTORY		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1033 N FAIRFAX ST		Amount			
STE 400 City State	Zip Code	33000.00			
ALEXANDRIA VA	22314	Transaction ID : SE24-0.054507 Date of Disbursement or Obligation			
Purpose of Expenditure MEDIA	Category/ Type	09 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support O	ffice Sought: 🗶 House District: 24			
COLLEEN DEACON	X Oppose	President Senate State: NY			
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary			
(a) SUBTOTAL of Itemized Independent Expenditures	·····	191452.40			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	•				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Keith A. Davis [Electr	onically Filed] Date	09 28 2016			
Signature					

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OF

Schedule E)	.0	PAGE 26 OF 29 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
NRCC		C C00075820			
Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee FP1 STRATEGIES LLC		of Public Distribution/Dissemination			
Mailing Address PO BOX 16504	Amou	09 27 2016 unt			
City State Zip Coo	de	21880.00			
ALEXANDRIA VA 22302	Trans	saction ID : SE24-0.054632 of Disbursement or Obligation			
Purpose of Expenditure MEDIA Categ	ory/ ype	09 / 27 / 2016			
Name of Federal Candidate	Support Office Sough	nt: X House District: 08			
STEVEN SANTARSIERO	X Oppose Presid	lent Senate State: PA			
Calendar Year-To-Date Per Election for Office Sought 93779	8.56 Disbursemer 2016	nt For: Primary General Other (specify) ▶			
Full Name of Payee		of Public Distribution/Dissemination			
MCLAUGHLIN AND ASSOCIATES INC	Г	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 566 S RT 303	Amou				
City State Zip Coo	de	19000.00			
BLAUVELT NY 10913	Trans	Transaction ID : SE24-0.054637 Date of Disbursement or Obligation			
Purpose of Expenditure SURVEY RESEARCH Categ	ory/ ype	09 / 27 / 2016			
Name of Federal Candidate	Support Office Sough	ht: 🗶 House District:08			
STEVEN SANTARSIERO	X Oppose Presid	dent Senate State: PA			
Calendar Year-To-Date Per Election for Office Sought 93779	8.56 Disbursement 2016	nt For:			
(a) SUBTOTAL of Itemized Independent Expenditures	······	40880.00			
(b) SUBTOTAL of Unitemized Independent Expenditures		171171171			
(c) TOTAL Independent Expenditures	······································	171171171			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Keith A. Davis [Electronically Fil	[ed] Date 09	28 2016			
Signature					

		FOR SE OF FORM 24/48			
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
IN	RCC	C C00075820			
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on			
٦	Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC	Date of Public Distribution/Dissemination			
1	NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC	09 27 2016			
	Mailing Address 815 SLATERS LANE	Amount			
	City State Zip Code	667520.28			
	ALEXANDRIA VA 22314	Transaction ID : SE24-0.054491 Date of Disbursement or Obligation			
	Purpose of Expenditure MEDIA Category/ Type	09 / 23 / 2016			
1	Name of Federal Candidate Support Office	Sought: Mouse District: 08			
1	STEVEN SANTARSIERO	President Senate State: PA			
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For: Primary General Other (specify)			
١	Full Name of Payee	Date of Public Distribution/Dissemination			
	NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC	09 / 27 / 2016			
	Mailing Address 815 SLATERS LANE	Amount			
1	City State Zip Code	241174.82			
		Transaction ID : SE24-0.054501 Date of Disbursement or Obligation			
	Purpose of Expenditure MEDIA Category/ Type	09 / 23 / Y 2016			
1	Name of Federal Candidate Support Office	Sought: House District: 23			
1	PETE GALLEGO	President Senate State: TX			
	Calendar Year-To-Date Per Election for Office Sought Disbu 2016	rsement For: Primary General Other (specify)			
	(a) SUBTOTAL of Itemized Independent Expenditures	908695.10			
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1			
	(c) TOTAL Independent Expenditures	1 4 1 4 1 6			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Keith A. Davis [Electronically Filed] Date 05	28 2016			
	Signature				

PAGE

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NRCC Coc	NTIFICATION NUMBER ▼ 00075820			
C coo				
Check if 24-hour report 48-hour report New report Amends report filed on	D D / Y - Y - Y - Y			
Full Name of Payee ONIMESSACE INC	Distribution/Dissemination			
09	27 / Y Y Y Y Y Y Y Y 2016			
Mailing Address 705 MELVIN DR Amount				
STE 105				
City State Zip Code	3370.60			
	: SE24-0.054640 ement or Obligation			
Purpose of Expenditure MEDIA Category/ Type O9 /	27 / 2016			
Name of Federal Candidate Support Office Sought:	House District: 23			
PETE GALLEGO President S	Senate State:TX			
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2016 Other (specific	Primary General			
Other (specif				
NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC	Distribution/Dissemination 27 2016			
Mailing Address 815 SLATERS LANE Amount				
City State Zip Code	120950.52			
	SE24-0.054492 sement or Obligation			
Purnose of Expenditure	23 / 2016			
Name of Federal Candidate Support Office Sought:	House District: 08			
TOWNER CON	Senate State: WI			
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2016 Other (specific	Primary X General			
(a) SUBTOTAL of Itemized Independent Expenditures	124321.12			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Keith A. Davis [Electronically Filed] Date 09 28	/ Y Y Y Y Y Y 2016			
Signature				

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OF

Schedule E)	PAGE 29 OF 29 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼				
NRCC	C00075820				
Check if 24-hour report 48-hour report New report Amends report filed on					
REDPRINT STRATEGY LLC	lic Distribution/Dissemination				
Mailing Address PO BOX 710993 Amount	27 2016				
City State Zip Code	21300.00				
	ID: SE24-0.054636 pursement or Obligation				
Purpose of Expenditure MEDIA Category/ Type 09	27 / 2016				
Name of Federal Candidate Support Office Sought:	✗ House District:08				
TOM NELSON President	Senate State: WI				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2016 Other (s	Primary ✗ General specify) ▶				
Full Name of Payee Date of Pub	lic Distribution/Dissemination				
Mailing Address Amount					
City State Zip Code	, , , , , , , , ,				
Purpose of Expenditure Category/ Type Date of Disl	bursement or Obligation				
Name of Federal Candidate Support Office Sought: Oppose President	House District:				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Other (s	Primary General specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	21300.00				
(b) SUBTOTAL of Unitemized Independent Expenditures	79. 1 79. 1				
(c) TOTAL Independent Expenditures	5583141.59				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Keith A. Davis [Electronically Filed] Date 09 28	2016				